

POST-TRAINING NOTIFICATION

Important: The training program manager may complete this sample form or a similar form when notifying EPA. Consult the *Instructions for Notifying EPA of Lead-Based Paint Abatement Activities* Courses when preparing post-training notification. **Please type or print responses in black or blue ink only.**

A. Type of Notificatio	n (Please indicate th	ne type of notifica	ation)		
B. Training Program Name:			Accreditation Number:		
_	Street Address		City	State Zip Code	
Type:	ker Supervisor Supervisor Mefresher to Month/Day/Year	·		☐ Project Designer	
5	City	Stat	e Zip Code		
Name	on (Attach additional pap Address	er if necessary)	Date of Birth	Course Certificate #	Course Test Score
I hereby attest and aff belief and knowledge	e. I acknowledge that	included on this	notification form uthorized pursua	thout a signature. is true and accurate to this notification waterially affected the	vill be subject to
Name:	Signature	e:	Date S	igned:	